



Presenting...

***A SOCIALLY DISTANCED RIDE FOR THE CURE 2020
ALZHEIMER'S FUNDRAISER!***

*Hosted by Sun Country Trail Blazers riding club of Ocala, Florida
Beginning Saturday, Sept. 26 and ending Saturday, Oct. 10*

REGISTER BY SEPT. 12!

Have fun with your horse and stay safe this fall as you help us raise money for Alzheimer's research. Here's how it works:

1. Download the 2020 registration and release form from www.suncountrytrailblazers.org.
2. Tell your friends and family you are riding for the cure and seek their support in the form of donations. Fill in your registration form, adding their information as indicated on the form.
3. Send registration form, signed release and your donation(s) (minimum \$30, made out to the Alzheimer's Association) to Sun Country Trail Blazers, P.O. Box 773034, Ocala, FL 34477-3034 by Sept. 12 to get your official ride t-shirt!
4. **Put on your t-shirt, choose your own trail, and ride your ride!** Send pictures and videos of your experience, for posting to Facebook and other social media, to suncountrytrailblazersocala@gmail.com by October 10.
5. Prizes will be awarded for the top fundraisers.

All donations will go directly to the Alzheimer's Association. Formed in 1980, the Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research. To learn more about their efforts, visit www.alz.org. Please help us eliminate Alzheimer's and other forms of dementia.

To join Sun Country Trail Blazers, visit www.suncountrytrailblazers.org

For additional ride information contact Sun County Trail Blazers President KK Kraushaar at kktrailrider@gmail.com or call Catherine York at 708-310-0282. For information on the Alzheimer's Association contact Ed Hancock, at 352-362-1617, Board Member (retired), Alzheimer's Association of Central and North Florida Chapter, or visit www.alz.org.

REGISTER HERE

Socially Distanced Ride for the Alzheimer's Cure
Have fun with your horse while you help raise money to cure
Alzheimer's!

NAME (please print)

ADDRESS _____

Street

City

St, Zip

NAME OF HORSE _____

T-SHIRT SIZE: _____ **M** _____ **L** _____ **XL** _____ **XXL** _____ **XXXL**

Ladies' or Mens' T Shirt? (circle one)

My Sponsors:

1.Name (and/or company)

Phone no. _____

Amount per mile or one-time donation: _____

2. Name (and/or company)

Phone no. _____

Amount per mile or one-time donation: _____

3. Name (and/or company)

Phone no. _____

Amount per mile or one-time donation: _____

4. Name (and/or company)

Phone no. _____

Amount per mile or one-time donation: _____

GRAND TOTAL RAISED: _____

SUN COUNTRY TRAIL BLAZERS

www.suncountrytrailblazers.org

ALZHEIMER'S RIDE 2020 RELEASE WAIVER 2020

PLEASE PRINT

Name(s) _____

Home Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT

EMERGENCY PHONE NUMBER _____

Home Phone _____ CellPhone _____

EmailAddress _____ @ _____

NAMES OF ALL MINOR PARTICIPANTS FOR WHOM I AM LEGALLY RESPONSIBLE:

1. _____ 2. _____ 3. _____

THE Sun Country Trail Blazers (SCTB) AND ITS BOARD OF DIRECTORS DOES NOT GUARANTEE YOUR SAFETY.

1. Voluntary Participation The undersigned agree, for myself and/or on behalf of my child, spouse, or legal ward, that we are voluntarily participating in activities sponsored by the Sun Country Trail Blazers. (hereinafter SCTB) and that I/we participate in these events at our own risk of injury or property damage as I/we may incur in relation to such activities.

2. Incident Cost Responsibility and Medical Insurance Disclosure I agree that I/we will be responsible for any and all costs incurred by us for injury or property damage I/we may incur and that I/we are covered by accident-medical insurance coverage now in force.

3. Personal Responsibility I agree that I am responsible for the negligent acts of my family members, other members of my household, and/or legal wards.

4. Personal Financial Losses I agree that I am responsible for my own financial loss in relation to the theft or damage to my tack, equipment, vehicles, trailers, and horses while participating in these events.

5. Protective Headgear Warning I agree that I am aware that SCTB. recommends that I purchase and wear protective headgear which meets or exceeds the quality standards of the Certified ASTM Standard F1163 Equestrian Helmet, while riding, being, and working near horses. I understand that the wearing of

such headgear while mounting, riding, dismounting, and otherwise being near horses may reduce severity of the wearer's head injuries and possibly prevent the wearer's death as the result of a fall from a horse or other occurrences. **"Nicole's Law" requires any child under the age of 16 years and riding an equine on any public lands, roads, or trails to wear a certified helmet.**

6. Liability Release I agree that I hereby, for myself , my family members, my heirs, administrators, personal; representatives, and assigns, do agree to hold harmless, release and discharge SCTB , its officers, directors, representatives, assigns, members, premises owners, affiliated organizations, insurers, and others acting on its behalf, from any and all claims demands, causes of actions, and legal liability, whether the same be known or unknown, anticipated or unanticipated, while participating in or attending any SCTB activity. I do further agree that I shall bring no claims, demands, legal actions and causes of action against SCTB. and/or its officers, directors, representatives, assigns, members, premises owners, affiliated organizations, insurer, or other acting on behalf of SCTB, as stated above in this clause for any economic or non-economic losses due to bodily injury, death, and/or property damage sustained by me and/or my minor child or legal ward in relation to the operations of SCTB including, but not limited to, riding, handling, or otherwise being near horses or other equine species.

7. Zero Liability Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.

STATEMENT OF AWARENESS: The undersigned, being of legal age, have read and understand the foregoing agreement and release.

EACH LEGAL AGE PARTICIPANT, PARENT, OR LEGAL GUARDIAN OF THE MINOR PARTICIPANTS LISTED ABOVE MUST SIGN BELOW:

Signature: _____ DATE _____

Signature: _____ DATE _____

I am a Riding/ Nonriding participant (circle one)

(Optional) I dedicate my ride/make my donation to the memory of:

**Mail the registration form, signed release and check to: Alzheimer's Ride 2020 c/o SCTB
P.O. Box 773034 Ocala FL 34477-3034**

Paying by credit card?

Cardholder Name _____

Card number _____ - _____ - _____ **Exp. Date** ____ / ____ **3-digit security code:** _____

Don't forget to include your t-shirt size!